

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY	
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STATE OF HAWAII STATE ETHICS COMMISSION	

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in Oleany)		
NAME (Last)	(First)	(Middle)	TELEPHONE	
Hirano,	Amy	C.	536-5688	
MAILING ADDRESS (Street)		FAX		
84 N. King Street			536-5720	
(City)	(State)		(Zip Code)	
Honolulu,	HI		96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Pacific Management Consultants, Inc.			536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street		536-5720		
(City)	(State)		(Zip Code)	
Honolulu,	HI		96817	

PART II	ORGANIZATION		
NAME OF C	TELEPHONE 4 88 4		
Dutko St	(202) 484- <del>0109</del> T		
MAILING AD	DRESS (Street)	FAX	
412 First	Street SE		
(City	(State) (Zi	Code)	
Washing	on, DC 20	0003	
NAME OF PE	RSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
MAILING A	DRESS (Street)	FAX	
(City	(State) (Zi	o Code)	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	✓ Transportation			
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
	N OF LOBBYIST					
I hereby certify that the	information furnished abov	ve is, to the best of my knowledg	ge, correct and complete.			
Ceren framo 2/1/2007						
	(Signature of Lobbyist)		(Date)			
PART V AUTHORIZATION	ON TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICER	R OR PERSON REPRESENTED			
Michael Liu						
NAME OF ORGANIZATION (if ap	oplicable)		TELEPHONE			
Dutko Worldwide, LLC			(202)484- <del>0109</del> 7			
MAILING ADDRESS (Street)			FAX			
412 First Street SE						
(City)	(State)	(	Zip Code)			
Washington,	DC 20003					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.						
Michael 4 2/05/07						
(Signature of Authorizing Officer or Person Represented) (Date)		(Date)				